

SWORN AFFIDAVIT FOR COMPLAINT LOG INVESTIGATION  
CHICAGO POLICE DEPARTMENT

STATE OF ILLINOIS  
COUNTY OF COOK

CC

Location of Incident	Date	Time
Summary of Statement(s):		

I, \_\_\_\_\_, state as follows:

- I have read the above summary and attached statement(s) in its entirety, reviewed it for accuracy, and been given an opportunity to make corrections and additions to the statement(s).
- Under penalties of perjury law pursuant to 735 ILCS 5/1-109, I certify that the information in the statement(s) above and/or attached summary is true and correct, except as to any matters therein stated to be on information and belief as to such matters, I certify as aforesaid that I verily believe to be true.

Print Affiant's Name \_\_\_\_\_

Print Witness's Name \_\_\_\_\_

Affiant's Signature \_\_\_\_\_

Witness's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_